Minutes/Notes from the Injection Drug User /High Risk Heterosexual (IDU/HRH) Meeting

Present: Ross Barnhart, Gerald Borden, Craig Chapin, Laura Ginnett, Justin Herrera, Hassan Latif, Toby LeRoux, Susan Luerssen, Anne Marlow-Geter, Tracy McIntyre, Clarence Mack, Ceasar Montoya, Kim Novak, Marshelle Oliver, T. Scott Pegues, Roseann Prieto, Pamela Richard, Christopher Smith, Tara Tippit, George Ware, Monique Whalen, Richard Weinert.

The IDU and HRH needs assessment meeting began at 10:45 a.m., on February 27, 2008.

To begin the day's discussion, **Susan Luerssen** presented the model for the "Context of Behavior," focusing on three overall dimensions in which behaviors occur: the Wider Sociocultural and Structural Environment, the Individual Level Environment, and the Immediate Social and Structural Environment. All three of these dimensions are made up of a number of elements that have an impact on, and affect risk behavior. The presentation on the three dimensions led to a fruitful discussion about the hierarchy of risk, and ways in which risk behavior is impacted by multiple factors within the three dimensions mentioned above.

George Ware then presented the group with additional information on the Context of Behavior through three scenarios focusing on the dimensions that impact the individuals in the scenarios. The group then discussed issues around self-esteem, poverty, substance use and abuse, healthy relationships, and sources of social support (family, friends, faith, etc.). From this discussion it became clear that when interacting with individuals at-risk, there are a number of factors you need to be aware of as a provider. In terms of the work we do in Human Immunodeficiency Virus (HIV) prevention, this knowledge of the context of behavior should impact the way a service provider interacts with a client. For example, a person who is focusing on finding a safe and warm place for their child to sleep might not be overly focused on their own HIV prevention needs, and might engage in high risk behavior to meet the needs of their child.

Susan then went through a slideshow outlining the major findings from the IDU and HRH needs assessment (see the Coloradans Working Together: Preventing HIV/AIDS Web site for more information) conducted in 2007.

After the presentation on the major findings of the IDU and HRH needs assessments, the participants enjoyed lunch while completing an exercise on the prioritization of factors that influence HIV risk behavior. This activity consisted of the participants ranking, in order of importance, the most important out of the following potential factors impacting risk:

1. Substance Use and Abuse
2. Poor Emotional Well-Being/Mental Health
3. Misperception of Risk
4. Stigma Against People with HIV

5. Discrimination
6. Disclosure Issues
7. Lack of Knowledge/Awareness About HIV
8. Socioeconomic Circumstances/Ability to Meet Basic Needs
9. Relationship Issues
10. Community Character, Culture, Dynamics and Norms
11. Lack of Access to Condoms
12. Exchange of Sex
13. Lack of Appropriate Places to Meet Partners
14. Partner Coercion
15. Dissatisfaction with Condoms or Other Safer Practices
16. Thinking that HIV is Manageable and Not-so-serious
17. Other

The group determined that the following six factors (those with at least ten top tier rankings from participants), in rank order from most important downwards, were most likely to impact HIV risk:

1. Substance Use and Abuse
2. Poor Emotional Well-Being/Mental Health
3. Misperception of Risk
4. Discrimination
5. Lack or Knowledge/Awareness About HIV
6. Community Character, Culture, Dynamics and Norms

After ranking the most important factors impacting HIV risk, all participants were asked to participate in small-group activities that addressed the number one response, Substance Use and Abuse, as well as the remaining five responses, one per table. The purpose of the group activity was to determine how these factors could be addressed in conjunction with HIV prevention.

Since all groups addressed the role that Substance Use and Abuse plays in regards to HIV risk, each group had a member read aloud the potential solutions that may address how this factor can be addressed in HIV prevention. Then, the following five factors were listed, along with the recommendations from the group.

<u>Substance Use and Abuse:</u>

- Develop solution-focused plans for addressing substance use and abuse in at-risk populations
- Engage family systems in treatment, it should not be isolated
- Use “branding” and marketing to subtly reduce stigma around substance abuse treatment
- Reduce stigma around addiction
- Provide more affordable treatment on demand
- Address this problem through public policy where appropriate
- Provide syringe exchange

- Engage multiple systems to address substance use and abuse (HIV Prevention, housing, education, etc.)
- Increase treatment opportunities for individuals and decrease using prisons as treatment for substance use and abuse
- Provide more early interventions
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Promote resilience
- Address issues such as criminality and how it interacts with the child welfare system
- Provide a variety of treatment types/modalities (harm reduction, abstinence, mixed methodologies)
- Provide 24-hour-a-day treatment options so people can initiate services when they are ready
- Increase community involvement and support
- Increase family recovery services and systems

Poor Emotional Well-Being/Mental Health

- Provide easier access to mental health care and services
- Increase mental health/illness awareness
- Decrease mental Health/illness stigma
- Incorporate the entire family in treatment services
- Address the role of race, culture and religion and it's relationship to mental health
- Address dual diagnosis as it relates to HIV risk
- Enhance opportunities for social support (to provide individuals with connections to others who are in need, and/or dealing with similar issues)
- Better distinguish between mental health, mental illness, and emotional well-being

Misperception of Risk

- Provide more opportunities for HIV education in prisons, jails, schools, etc.
- Addressing the myths vs. facts of HIV and HIV risk
- Maximize opportunities to educate and engage individuals at risk

Discrimination

- Provide opportunities for intergenerational discussions
- Address strategies for decreasing discrimination
- Provide ways to increase the self-esteem of those at risk
- Improve social support systems
- Address stigma through community-based interventions
- Utilize media campaigns regarding HIV education and resources
- Address issues of treatment discrimination

Lack of Knowledge/Awareness of HIV

- Increase opportunities for comprehensive sex-education for youth and adults (not just abstinence-based education)
- Utilize positive messages (marketing that empowers) regarding HIV prevention, not fear-based messages
- Use proper language when discussing HIV
- Promote sexuality and sensuality in a positive way
- Increase outreach to those at-risk
- Addressing myths vs. facts about HIV that are culturally significant
- Provide individualized messages when appropriate
- Remind providers that they benefit from continuing education

Community Character, Culture, Dynamics, and Norms

- Provide opportunities for community forums that engage individuals, and provide opportunities for open discussions about HIV
- Change HIV Prevention focus from the individual level to the "community" level
- Integrate services
- Connect, syndemically, both the individuals and communities needs
- Address community norms and self-beliefs
- Increase self-involvement and self-direction in regards to HIV prevention
- Increase community connections
- Allow the community the opportunity to identify itself

Following the small group reports, participants discussed how best to move from the current state of HIV prevention interventions and strategies to creating a system that is more consistent with the actions and systems proposed in the small groups. Some meeting participants expressed frustration that many of the changes to the HIV prevention system had been suggested in the past, yet after many years, the system seemed little improved. Others offered that lack of adequate resources and funding and the lack of collaboration among stakeholders hampered efforts to holistically address the needs of persons at risk for HIV transmission/acquisition. Others cautioned against too narrowly focusing on the activities and interventions funded by the Colorado Department of Public Health and Environment (CDPHE) and asserted that other entities (i.e., individuals, other governmental agencies, CBOs, and communities) should be involved in HIV prevention.

The following recommendations for next steps were voiced by participants as a result of the days learning and discussions.

- Coloradans Working Together (CWT) should review its HIV prevention plan to assess the plan's consistency with the approaches suggested in today's meeting. The plan may need to be revised if it does not appear to address the needs of persons at increased risk of HIV in a more comprehensive, holistic fashion.

- CWT's statewide HIV prevention plan should address not only activities that are conducted by state and local health departments and funded CBOs but also describe possible roles and activities of other stakeholders including individuals, communities, other state and local governments, community-based organizations, health care providers, and businesses that do not receive federal HIV prevention funding.
- Identify and assign persons who will take a lead role in advocating for the CWT plan and who will follow-up with key stakeholders (i.e., individuals and agencies) that could potentially play a role in implementing more holistic HIV prevention approaches.
- To implement a more holistic approach to HIV prevention, the health department must greatly expand its scope beyond funding HIV specific interventions and the delivery of some direct client services. Specifically, the health department should demonstrate how it is advocating for greater integration and involvement among entities that address areas such as mental health, substance abuse, housing, racism, stigma, and education.
- The health department should deliver a formal presentation describing how the funded HIV prevention system is consistent with and addresses CWT's plan for a more holistic approach to HIV prevention. The presentation should also describe how the health department collaborates with and advocates for a holistic HIV prevention approach beyond the interventions and activities that it funds.
- Support the involvement of individual citizens to bring about desired changes to the HIV prevention system rather than limiting HIV prevention work to CBOs, health departments, and providers that often are hampered by budgetary or other constraints.
- Build and facilitate opportunities for HIV prevention stakeholders to learn to work collaboratively.